

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	3					
5	2					
6	2					
7	1					
8	2					
9						
10	3					
11	3					
12	2					
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TOTAL IND.

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13

DEP.

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TOTAL

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CLAMS

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TOTAL IND.

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